PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

D N2001055

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPEO			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			20					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			2 0 minus 20=		*	O		X\$ 9=		OR	X\$18=	J
INDEPENDENT CLAIMS			, minus 3 =		*	O		X42=		OR	X84=	v
MULTIPLE DEPENDENT CLAIM PRESEN								+140=			+280=	
* If the difference in column 1 is less than zero, en					r "0" in c	olumn 2		TOTAL		OR		0
CLAIMS AS AMENDED - PART II								IOIAL		OR	TOTAL OTHER	740-117
		(Column 1)		(Colu	mn 2)	(Column 3) SMALL E			ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= , :		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	F.CL AIM	-		X42=		OR	X84=	. 1
	THOTTTEOL	STATION OF MI		LINDEN	CLAIM		, [+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)					ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	v	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	IJ	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	11	X42=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		┛╽	+140=		OR	+280=	
								TOTAL			TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)		ADDIT. FEE L			ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA][RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	1 I	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	lt	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚┟					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140= TOTAL		OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE										OR ,	TOTAL ADDIT. FEE	
		nber Previously Pai					er four	nd in the app	ropriate box	in col	umn 1.	